



University of Connecticut Health Center  
*John Dempsey Hospital*

RECEIVED

2004 JUL 23 PM 1:35

CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

July 20, 2004

Commissioner Christine A. Vogel  
Office of Health Care Access  
410 Capitol Avenue, MS#13 HCA  
P.O. Box 340308  
Hartford, CT 06134-0308

Dear Commissioner Vogel:

Please accept this letter of intent and attached documentation for a CON application for an electronic Health Information System (eHIM).

Please let me know if you should have any questions.

Sincerely,

Paula McManus  
Associate Vice President  
Planning, Network Development & Managed Care

Attachment



RECEIVED

2004 JUL 23 PM 1:35

**State of Connecticut**  
**Office of Health Care Access**  
**Letter of Intent/Waiver Form**  
**Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. APPLICANT INFORMATION**

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	John Dempsey Hospital	
Doing Business As		
Name of Parent Corporation	University of Connecticut Health Center University of Connecticut State of Connecticut	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	263 Farmington Avenue Farmington, CT 06030-3802	
Applicant type (e.g., profit/non-profit)	State Agency	
Contact person, including title or position	Paula McManus Associate Vice President	
Contact person's street mailing address	263 Farmington Avenue Farmington, CT 06030-3802	
Contact person's phone #, fax # and e-mail address	Phone: 860.679.3180 Fax: 860.679.1130 Email: mcmanus@nso.uchc.edu	

**SECTION II. GENERAL APPLICATION INFORMATION**

a. Proposal/Project Title:

Acquisition of electronic Health Information Management System (eHIM)

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc)       | <input type="checkbox"/> Replacement   | <input checked="" type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation    | <input type="checkbox"/> Service Termination               |
| <input type="checkbox"/> Bed Addition          | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control       |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

263 Farmington Avenue, Farmington, CT

d. List all the municipalities this project is intended to serve:

Avon, Burlington, Bloomfield, Canton, East Hartford, Farmington, Granby, Hartford, New Britain, Newington, Simsbury, West Hartford

e. Estimated starting date for the project: January, 2005

- f. Type of project: #32 Other Non-Clinical (Fill in the appropriate number(s) from page 7 of this form)

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: \$ 1,300,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	\$1,300,000
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$1, 300,000</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$1,300,000</b>

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
  - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: \_\_\_\_\_.
  - ☐ The cost of the equipment is not to exceed \$2,000,000.
  - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

**AFFIDAVIT**

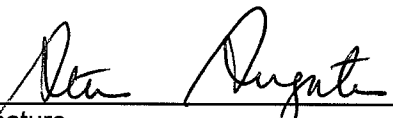
Applicant: John Dempsey Hospital

Project Title: Electronic Health Information System (eHIM)

I, Steven Strongwater, M.D., Hospital Director  
(Name) (Position – CEO or CFO)

of John Dempsey Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that John Dempsey Hospital complies with the appropriate and (Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

 July 20, 2004  
Signature Date

Subscribed and sworn to before me on July 20, 2004

  
Notary Public/Commissioner of Superior Court  
**MARILYN H. GLENN**  
**NOTARY PUBLIC**  
**MY COMMISSION EXPIRES OCT. 31, 2008**

My commission expires: \_\_\_\_\_

### Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

#### Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

#### Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

#### Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical



## **Project Description**

### **Acquisition of Electronic Health Information System (eHIM)**

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner**

John Dempsey Hospital proposes to acquire and install an electronic Health Information Management System (eHIM). The healthcare industry is moving toward a paperless environment and initiating electronic medical records systems is a key strategy in achieving that goal. The system John Dempsey will put in place will include document imaging, chart deficiency and completion, electronic signature, and online chart review for coding and abstracting.

Having medical record documents on line and available across multiple sites will allow users access to needed medical record information in a timely manner. It will also allow more than one user to access the records simultaneously and reduce the risk of lost documentation. The system will streamline communication with physicians and other health care professionals, and will facilitate chart deficiency analysis and completion process for the medical staff. It will also improve the billing process and enhance revenue realization.

The benefits to John Dempsey Hospital include:

- Eliminate storage related costs from archival systems such as microfilm and microfiche
- Reduce costs for printing and distribution
- Increase cash flow
- Increase productivity
- Improve security of medical record information
- Provide secure access to patient information
- Support HIPAA compliance

The estimated cost is \$1.3 million. John Dempsey proposes to begin the installation process in January, 2005.

- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?**

Not Applicable

- 3. Who is the current population served and who is the target population to be served?**

The patient population will not change as a result of this proposal.

- 4. Identify any unmet need and how this project will fulfill that need.**

The proposal will streamline and modernize the medical records capabilities at John Dempsey, allowing for greater efficiency, improved communication, and better quality of care.

**5. Are there any similar existing service providers in the proposed geographic area?**

Several hospitals in the service area have installed eHIM systems.

**6. What is the effect of this project on the health care delivery system in the State of Connecticut?**

An electronic health information system will have positive effects on the health care delivery system in Connecticut. It will streamline communication of medical information between physicians and other health care providers. It will manage and secure the distribution of medical records in accordance with HIPAA guidelines. It will also eliminate misplaced or lost medical records.

**7. Who will be responsible for providing the service?**

John Dempsey Hospital will provide this service.

**8. Who are the payers of this service**

There will be no change in the payers of this service.